

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

MR. DOWNES: SUPERANNUATION AND THE WEST BROMWICH BOARD OF GUARDIANS.

A MEETING of this Board was recently held, which had been specially convened to enable Mr. Longe, the Inspector of the District, to make a statement in reference to Mr. Downes, who, it will be remembered, was refused superannuation allowance, and whose hard case was the subject of a question in Parliament last summer.

In the course of Mr. Longe's very sensible observations on the general question of superannuation, he stated that "the Local Government Board were of opinion that the case of Mr. Downes was a very remarkable one, and the action of the Board of Guardians seemed to be a mistake, quite contrary to the intention and object of the statute, and different from the principle and practice of Boards in other parts of the country. He believed that Mr. Downes had discharged his duties to the Board in a satisfactory manner, for no complaint had ever been made to him while he had been inspector of that district. Mr. Downes was upwards of seventy-five years of age, incapacitated from work, and had been the servant of the Board for about thirty-nine years. It was not an economical question, for a sum of £30 a year would not affect taxation upon a rateable value of £300,000". It was thereupon moved by Mr. Bissel that superannuation allowance to the extent of £35 a year should be granted; but, on being put to the vote, it was lost by 16 to 6, several of the opponents of the motion inveighing in somewhat offensive terms on what they chose to assert was unwarrantable conduct on the part of the Central Board in reminding them of their duty under an Act of Parliament. The Chairman of the Board made himself conspicuous for his opposition.

Constituted as many Boards of Guardians are, it appears to us as unfortunate that it should be in their power to veto the grant altogether; but the action of this Board, as well as of some others, in refusing superannuation allowance, not only to medical officers, but also to masters of workhouses and relieving officers, will ultimately result in the Act being amended to the extent of depriving them of such power, whilst leaving them the authority of fixing the amount, subject to the intelligent supervision, and revision if necessary, by the central department.

We cannot leave this subject without heartily condoling with poor Mr. Downes in his undeserved treatment, and without expressing how much we appreciate the generous action of Mr. Longe, who has doubtless been prompted thereto by Mr. Slater-Booth, the President of the Local Government Board, who, it will be remembered, gave an unusually sympathetic and kind reply to Sir Trevor Lawrence, who asked a question on the subject, the outcome of our comment on this painful case in our issue of August 4th.

At the last meeting of the Council of the Poor-law Medical Officers' Association, the following resolution was passed.

"That this Council has seen with much satisfaction the action of the Local Government Board in directing their inspector, Mr. Longe, to attend a meeting of the West Bromwich Board of Guardians for the purpose of urging upon them the reconsideration of the case of Mr. Downes, who, it will be remembered, was refused superannuation allowance by this Board after thirty-nine years' continuous service without any complaint ever having been made against him, and he having reached the advanced age of seventy-six. The Council also begs to express its regret that this generous procedure on the part of the central authority should fail of success."

INFECTIOUS DISEASES.

At a meeting of the Birmingham and Midland Association of Medical Officers of Health, held in the Grand Jury Room, Public Offices, Moor Street, Birmingham, on Thursday, October 11th, 1877, the following resolutions were adopted.

"That the Birmingham and Midland Association of Medical Officers of Health desires respectfully to draw the attention of Her Majesty's Committee of Council on Education, to the frequency with which scarlet fever and some other forms of infectious disease are spread through the agency of public elementary schools, and to urge upon the Council the desirability of making some provision for allowance not only for the closure of such schools when an epidemic prevails in their neighbourhood, as is done at present, but also for the non-attendance of par-

ticular children living in houses in which infectious disease exists, and who are kept at home in compliance with the instructions of the Sanitary Authority, so that the pecuniary interests of the masters and managers may be brought into less conflict with those of the public health than is the case now.

"That, in the opinion of the Birmingham and Midland Association of Medical Officers of Health, the legislative provisions which at present exist for arresting the spread of infectious disease are very insufficient; and this Association desires to urge strongly upon Her Majesty's Government the importance of instituting a comprehensive inquiry into this subject, as early as possible, with the view of ascertaining what measures are expedient in the public interest for the purpose of attaining the above mentioned object.

"That the Secretary be requested to forward a copy of these resolutions to the State Medicine Committee of the British Medical Association, to the Public Health Committee of the Social Science Association, and to any other Societies or Associations having the promotion of Sanitary Science for their object, with the view of obtaining their co-operation in bringing this subject under the notice of the Government, and that the Council of the Association be authorised to make such arrangements as they may think desirable for so doing."

REPORTS OF MEDICAL OFFICERS OF HEALTH.

BARNSELY.—Dr. Sadler reports that there were 662 deaths of inhabitants in the borough, and calculates the population at 28,820, which give a death-rate of 22.97 per 1,000, being the lowest rate recorded for at least twelve years, the average being 26. In the rural sanitary district, it was 22.34 per 1,000. There were 1,344 births, which gives a birth-rate of 46.6 per 1,000 population. The deaths of infants under one year amounted to 232, being 35 per cent. of the total mortality and 17 per cent. of the births, which is a high rate. There were 114 deaths from the seven principal zymotic diseases, or 4.38 per 1,000 population. Inflammatory diseases of the lungs caused 4.46 and tubercular diseases 3.5 deaths per 1,000. An outbreak of small-pox occurred in May, June, and July, and was prevented from spreading to a large extent by isolation of the sick, and as far as possible by preventing unnecessary visits. There was only one death. The sewerage arrangements must be very defective, as about £1,000 a year was spent in emptying cesspools; and Dr. Sadler remarks on this, that hitherto, by high water-charges and in other ways, the use of water-closets has been checked as much as possible, which, he also points out, is injurious to the health of the inhabitants.

GLASGOW.—Dr. Russell has published some most elaborate tables of the mortality at Glasgow for each of the wards, which show singularly large variations in the death-rates. Thus in one—Blythswood—the annual death-rate during the last three months of the year was only 15.41; whilst in others it was 37.88 and 39.03 respectively, with varying rates of 18.40, 19.21, up to 32.75 per 1,000. The death rates under five years oscillated between 46.66 and 127.80 per 1,000 living at that age. It is evident that much of the difference must depend on variations in the amount of comforts which the inhabitants possess, as well as on their different sanitary conditions. The birth-rate also varied between 17.10 and 49.08 per 1,000 population; but the death-rates do not correspond with the birth-rates. The general birth-rate was 37 and the death-rate 23 per 1,000 living, and the deaths under one year amounted to 15½ per cent. of the total births and 25 per cent. of the total mortality. Dr. Russell gives some statistics of the deaths of legitimate and illegitimate children, showing that there was a much larger proportionate number of deaths amongst the latter. Amongst other interesting tables is one showing that in one group of subdistricts, having 69 persons to an acre, the death-rate per 1,000 population was 26.65; in the next group, having 64 (164?), it was 43.02; in the third, with 235 to an acre, it was 34.77; and in the fourth, with as many as 344, the death-rate was 35.15. This does not accord with what is generally observed; but the percentages of deaths under one year to births show the influence of density of population, as they were 12.54, 13.96, 17.94, and 19.33 per 100 births in each group. The population was estimated at 538,765 in the middle of 1876. The total deaths were 13,688, and births 21,032, so that there were 154 births to each 100 deaths.

CAMBRIDGESHIRE.—Dr. Armistead's annual reports are valuable contributions to permanent sanitary science, as well as records of the work carried out in the districts to which he is medical officer of health. More conspicuously than any other reports which have been received, they may be taken as standards or models by or on which medical officers generally frame the annual returns now required by

the Local Government Board. In the first place, the size of the sheets on which they are printed is folio, and folio is the official size at Whitehall. Next, they are very clearly printed, for which boon the sanitary authorities themselves must be thanked, for it entirely rests with sanitary authorities whether their medical officers' reports shall be printed or no. The Local Government Board ought to insist on these annual reports being printed; for, when a sanitary authority is too niggardly or too careless to order its health-officer's report to be printed, it places not only the officer, but also the district, at a disadvantage. Publicity is the best friend sanitary progress possesses; and publicity, by provoking criticism, is sure to secure public support to sound schemes. Further to describe the plan on which the reports in question are constructed, it must be mentioned that first comes the table of deaths for the year, classified according to diseases, ages, and localities, and showing also the population and births. This table is the one drawn up by the Local Government Board itself. We would suggest the addition of Cancer to the list of specified diseases. It is surely a mistake to confound so important a factor in our death-rate with "all other diseases". With this exception, no objection can be made to the official term. The next noticeable feature in Dr. Armistead's arrangement is, that he cumulates his information, and so, as years roll on, the comparative and periodical sickness and deaths strike the eye clearly and systematically. Then follows the mortality in the subdistricts—the mortality in the parishes at different ages and from different diseases; then observations on new cases of sickness and deaths amongst paupers; next are notes as to action taken for preventing the spread of disease, and proceedings for removal of conditions unfavourable to health, permanent works, and, finally, a summary of the sanitary inspection of the district and a table of details of a sanitary survey of each parish. The points of general interest in Dr. Armistead's reports are as follow. The rash in scarlet fever appears in four days from the first infection. Typhoid fever most certainly spreads by direct contagion. Permanent hospitals for the reception of infectious cases are most emphatically required; and the present laws as to infectious diseases and their prevention are most insufficient. Dr. Armistead uses the Wanklyn process for the analysis of water, and on its testimony has procured the closing of many wells. Water-supply, however, is evidently one of his district's chief difficulties.

WAKEFIELD.—The population is assumed to have been 32,000, amongst whom there occurred 631 births and 361 deaths, which give an annual rate for the half-year ending June 30th of 39.43 births and 22.56 deaths per 1,000 population, the latter being below the average. Mr. Wade apparently believes that a high birth-rate necessarily leads to a high death-rate: a fallacy which we thought was exploded. He attributes the unusually low mortality chiefly to the mild winter and more equable temperature of the second quarter, but believes also that it partly arose from the improved purity of the water, the better ventilation of the sewers, and the covering in of the middens. The death-rate of infants was only 15 per 100 births, and from zymotic diseases was less than usual. Mr. Wade enters at some length into the question of the best mode of ventilating house-drains and sewers, and of preventing the ingress of sewer-air into houses; and recommends the insertion of a syphon between the house and the sewer, as well as the introduction of a ventilating shaft into the house-drain.

KESWICK.—The annual death-rate in the month of August is returned at the very low figure of 11.5 per 1,000 population; that for the Lady-day quarter having been 14.7, and for the whole of 1876 only 15.2, which is lower than that of almost any other watering-place. There was not any death from zymotic diseases during the quarter; and, excluding whooping-cough, the annual rate from these diseases for the last three years has been only 0.2 per 1,000 population *per annum*. Dr. Fox also states that the mortality of the surrounding rural district is almost as favourable as that of Keswick itself, thus differing from Llandudno, Harrogate, and many other health-resorts.

MILITARY AND NAVAL MEDICAL SERVICES.

• **LORD EUSTACE CECIL**, Surveyor-General of the Ordnance, has sanctioned the acceptance by the Royal Arsenal authorities of a two-wheeled ambulance litter, presented by the Order of St. John, as an acknowledgment of the courtesy shown by the War Department in permitting the purchase of an ambulance wagon and stretchers from the Arsenal stores. By the recommendation of Colonel Heyman, R.A., Superintendent of the Royal Carriage Department, the litter will be kept at the Arsenal hospital, and will be available in case of accidents either in the town of

Woolwich or of the Arsenal itself. These litters have been patented by the Order of St. John, and several have been supplied at cost price to the Metropolitan Police and various institutions. The litter can be detached from the wheels, and used to carry the patient to his bedside.

ILLNESS OF THE DIRECTOR-GENERAL OF THE ARMY MEDICAL DEPARTMENT.

A MILITARY contemporary, in writing of the illness of the Director-General of the Army Medical Department, expresses a belief in the improbability of that officer resuming, or at any rate continuing, the duties of his appointment. We are informed that these apprehensions are not justified by the facts of the case. In the early part of last month, Sir William Muir had a severe attack of hæmatemesis, apparently attributable to hepatic disorder with some splenic enlargement brought on by previous tropical service, and to overconfinement to the desk in the discharge of official work. From this attack Sir William has made, so far, a favourable recovery, so that now he has regained a great part of the strength of which the hæmorrhage and necessary confinement to bed had deprived him. His friends, who attach great importance to his continued supervision of the new system which has been inaugurated in the Army Medical Department under his direction, therefore entertain the hope that Sir William Muir may shortly be able to carry on all the duties he was discharging before his illness. It is known that even now no official decisions are made in the department, on any other but mere matters of routine, without the Director-General being consulted regarding them, although he has not yet left his private residence for Whitehall Yard.

THE ARMY HOSPITAL CORPS WARRANT OF AUGUST 14TH, 1877.

SIR.—The disciplinary authority conferred upon medical officers is a very important and great concession, and must tend very materially to the success of unification and the benefit of the service generally. The blot on the scheme, however, is the retention and augmentation of the officers of orderlies. I am sure time and experience will prove it. The authorities (I cannot add "medical", for I am not in a position to know what part they could have taken, or have acted, in the reform) have missed a favourable opportunity of increasing a grade which would be a boon to the service and a greater reward to the deserving non-commissioned officer than a commission: I mean that in the Army Hospital Corps sergeants-major, quartermasters, ward-masters, stewards, and compounders of medicine should have been created "warrant officers", and that the "staff-officer" and every other officer in whatever capacity required should be a medical officer. This would be unification. There may be officers of the Army Hospital Corps and others who do not entertain such views as mine, but I am confident that they are a very small minority. My remarks are not intended to wound the feelings and susceptibilities of any one, but merely to point out a certain source of misunderstanding and discord, and express sorrow that when the old regulations for the Army Hospital Corps were undergoing revision, it was not deemed expedient to get rid of an extraneous element in the Army Medical Department altogether.—I am, sir, your obedient servant,
ARMY MEDICAL OFFICER.

OBITUARY.

MATTHEW LEE, M.D., BRADFORD.

THE subject of this notice was born in Kilbeggan, Ireland, in 1838; his father, a Government officer, being stationed there in that year. In 1859, Mr. Lee commenced his attendance at the Leeds School of Medicine as the pupil of his brother-in-law Mr. Lodge. Having obtained his qualifications in 1862, he became medical officer for the Horton District of the Bradford Union; and this appointment he retained to the end of his life. Gifted with high natural abilities, of cultivated tastes and keen perceptive powers, Dr. Lee early made himself known widely beyond the district in which he resided; and, although he was not connected with any hospital, he had, before reaching his thirtieth year, performed lithotomy twice and ovariectomy thrice. As a general practitioner, he was successful in an extraordinary degree; his cheerful manner and ready wit making him an always welcome visitor; most of his large circle of patients being at the same time kind and attached friends.

He was locally an active member of the British Medical Association and of the West Riding Medico-Chirurgical Society. It is a matter for painful regret that so energetic and useful a life should have been lost so early. He died of phthisis, at his own house, on October 13th, aged thirty-nine years.

DR. JOHN WALTERS, J.P., was re-elected, at the head of the poll, on the 1st instant, as a Member of the Council of the Borough of Reigate.